



COUNTY OF LOS ANGELES

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October 7, 2010

TO: Each Health Deputy

FROM: Jonathan E. Fielding, M.D., M.P.H.
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Jonathan E. Fielding ms

SUBJECT: **HEALTHY WOMEN: WELLNESS ACROSS THE LIFE SPAN**

Enclosed is the latest LA Health issue entitled, *Healthy Women: Wellness Across the Life Span*. This brief is focused on the health of women in Los Angeles County, including chronic disease, quality of life, and modifiable risk factors. Also included in the brief are recommendations for individuals, cities and communities, and policymakers.

The report was developed by the Department of Public Health's Office of Health Assessment & Epidemiology in conjunction with the Office of Women's Health (OWH) and the Office of Senior Health. It will be available on the DPH website at www.lapublichealth.org/ha.

If you have any questions or would like more information, please contact Rita Singhal, M.D, M.P.H, OWH's Medical Director, at (626) 569-3850.

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HEALTHY WOMEN: WELLNESS ACROSS THE LIFE SPAN

Introduction

Improved public health, medical care, and prevention efforts have contributed to dramatic increases in life expectancy in the United States over the past century.¹ The leading causes of death have shifted from infectious diseases to chronic diseases and degenerative illnesses¹ (Table 1). In LA County, where the average life expectancy has reached a high of 80.3 years, the aging population is becoming more racially and ethnically diverse, and women are living longer than men.²

Although our population's longevity is a monumental achievement, with advancing age, risk for chronic health conditions and disability increases.^{1,3} Women's increased longevity can result in more years lived in poor health or with lower quality of life. Health conditions such as osteoporosis (a disease of low bone mass that increases risk for falls and fractures), Alzheimer's disease, and late complications of diabetes, heart disease, and stroke become more common later in life. These conditions are particularly expensive to treat in the long-term and can greatly burden caregivers and the health care system.^{4,5} The cost of providing health care for Americans age 65 years and older is at least 3 to 5 times greater than the cost of care for those younger than 65 years; these costs are projected to increase 25% by 2030.⁶

Poor health is not an inevitable consequence of aging, and many diseases that affect women as they grow older, such as heart disease, diabetes, osteoporosis, and arthritis, have origins at younger ages. Many conditions can be prevented

1 Top 10 Leading Causes of Death and Premature Death Among Females, LA County, 2007

TABLE

Causes of Death	Causes of Premature [‡] Death
1 Coronary Heart Disease	1 Coronary Heart Disease
2 Stroke	2 Breast Cancer
3 Lung Cancer	3 Lung Cancer
4 Emphysema/COPD	4 Motor Vehicle Crash
5 Alzheimer's Disease	5 Stroke
6 Pneumonia/influenza	6 Diabetes
7 Breast Cancer	7 Drug Overdose
8 Diabetes	8 Liver Disease
9 Colorectal Cancer	9 Homicide
10 Hypertension & Related Renal Disease	10 Colorectal Cancer

[‡] Death before age 75 years based on years of life lost

<http://publichealth.lacounty.gov/dca/data/documents/2007MortalityReport.pdf>

or mitigated by engaging in health-promoting behaviors earlier in life. These behaviors, which include eating a healthy diet, engaging in regular physical activity, and not smoking, can significantly help reduce the risk for chronic diseases and many of the leading causes of death.^{1,6} Even among women already affected by chronic conditions, adopting healthy behaviors can reduce disease symptoms and improve well-being.

Emerging evidence suggests that the benefits of a healthy lifestyle extend beyond having a healthy body, to improving the health of the brain. We can maintain independence and help prevent cognitive decline as we grow older by remaining active and nurturing mental health through continued social and civic engagement. In addition, we can preserve

1. Centers for Disease Control and Prevention and The Merck Company Foundation. *The State of Aging and Health in America 2007*. Whitehouse Station, NJ: The Merck Company Foundation; 2007. Available online at www.cdc.gov/aging and www.merck.com/cr. [SAHA]

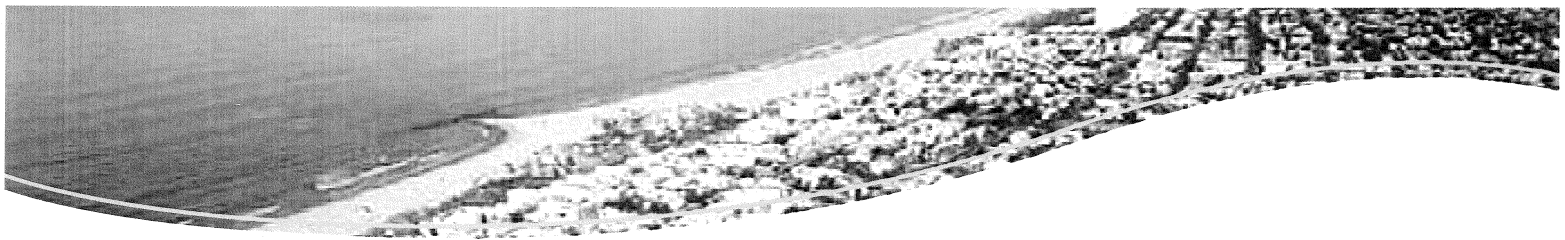
2. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. *Life Expectancy in Los Angeles County: How long do we live and why? A Cities and Communities Report*. July 2010.

3. Centers for Disease Control and Prevention. *Public health and aging: trends in aging – United States and worldwide. Morbidity and Mortality Weekly Report* 2003;52(06):101-106

4. Tally RC, Crews JE. *Framing the public health of caregiving*. *Am J Public Health* 2007;97:224-228.

5. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. *Informal Caregiving: Implications for Public Health*. LA Health; February 2010.

6. Centers for Disease Control and Prevention. *Chronic Disease Notes and Reports*; Vol 18; 2: June, 2007.

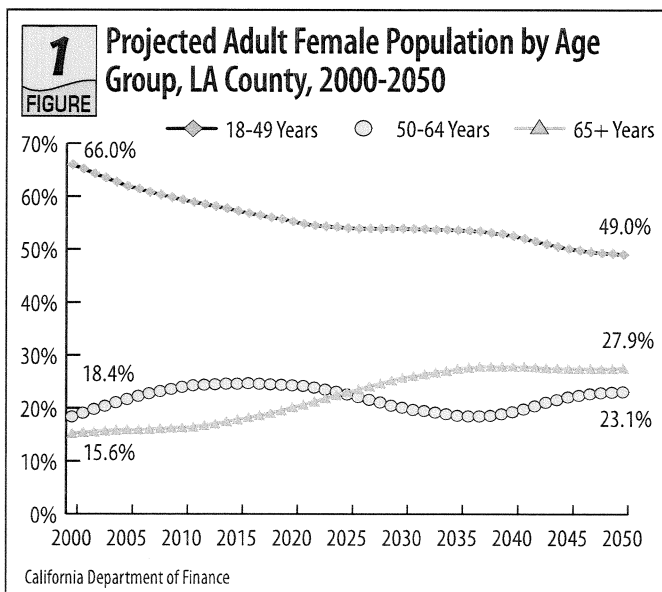


dignity and comfort at the end of life by addressing difficult, but important, decisions about end-of-life care sooner rather than later, and by discussing these decisions with our loved ones.⁷

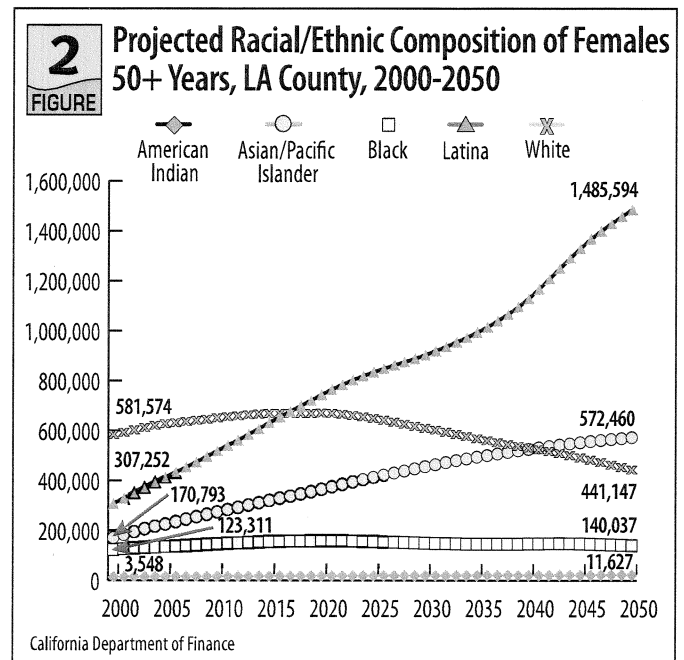
Who are the Aging Women of LA County?

As the baby boomer generation (those born between 1946 and 1964) starts reaching age 65 in 2011, women will comprise an increasing majority of aging Angelenos.^{1,3,8} For this generation of women, life has changed dramatically over the last several decades. Family structures have become more varied, with more women heading their households, working outside the home, and delaying child-bearing or not having children.⁹

- In 2000, two-thirds of adult women in LA County were 18-49 years old, but by the year 2050, only half of adult women will be under 50 (Figure 1).
- The proportion of adult women age 65 years and older will nearly double during the same 50 years.



- While the number of women age 50 and older will increase in all racial and ethnic groups except whites by 2050, the rate of increase is expected to vary dramatically among different populations (Figure 2).

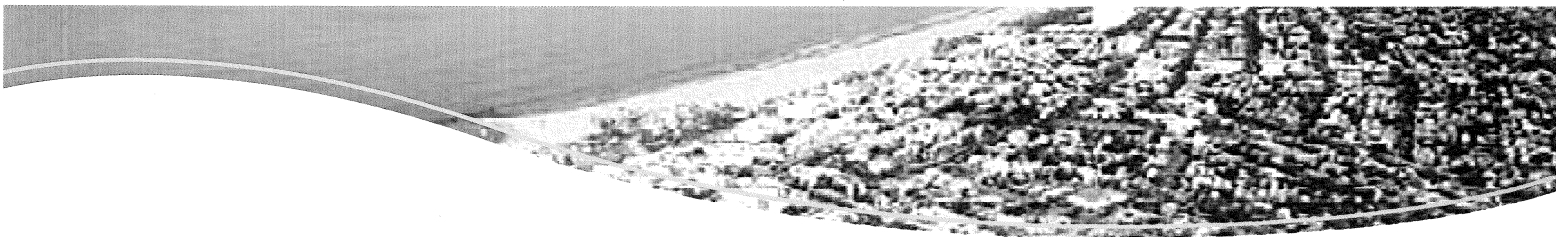


- In 2000, 26% of women ages 50 and older were Latina, and 49% were non-Latina white. By 2050, the percent of Latinas ages 50 and older in LA County will more than double to 56%, while the percent of white women will decrease to 17%.
- By 2050, the percentage of Asian/Pacific Islander women 50 and older is expected to increase slightly, while the percentage of older African American women is expected to decrease by half. The relative decline in aging black women, like the decline in aging white women, reflects the proportionate increase in the population of aging Latinas.

7. *Public Health and Aging (Special Issue). Generations. Journal of the American Society on Aging. Volume XXIX, No. 2: pp. 1-88.*

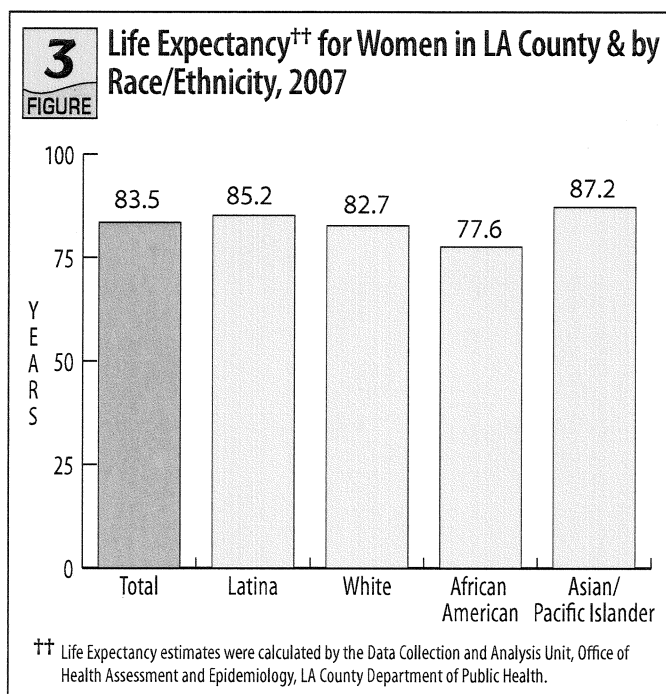
8. Kuo T, Villa VM, Aranda MP, Trejo L, et al. *The State of Aging and Health Among Older Latinos in Los Angeles 2009. The Los Angeles Partnership for Evidence-Based Solutions in Elder Health. Los Angeles, California: Los Angeles Area Agency on Aging. June 2009.*

9. *Center for Disease Control and Prevention, Office of Women's Health. All the Stages of Our Lives. Spring, 2009. <http://www.cdc.gov/women/allstages.pdf>*



Disparities in Life Expectancy

- On average, women in LA County live about 5 years longer than men.²
- While life expectancy for women has increased, racial/ethnic disparities persist: the life expectancy for an African American baby girl is only 78 years, while that for an Asian/Pacific Islander baby girl is 87 (Figure 3).



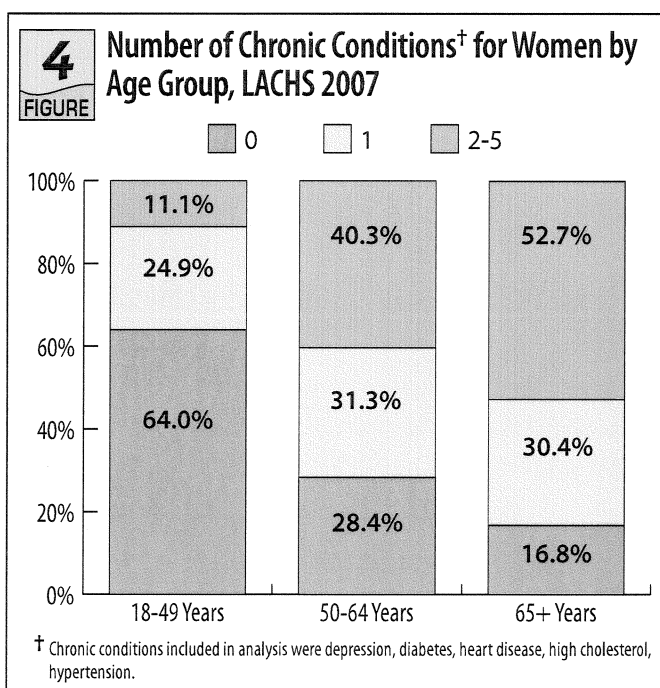
- Life expectancy for white women and Latinas falls in between, at 83 and 85 years, respectively.

Disparities in life expectancy among these groups of women may reflect the conditions in which people live, including their health behaviors and social and physical environments, as well as their physical and mental health.

The Growing Burden of Chronic Conditions

The 2007 Los Angeles County Health Survey (LACHS) asked respondents if they had ever been told by a doctor or health care professional that they have any of the following 5 chronic conditions: **depression, diabetes, heart disease, high cholesterol, and hypertension**. While the prevalence of other important diseases (e.g., arthritis, dementia, etc.) was not ascertained, these 5 conditions contribute to many of the leading causes of death and premature death.

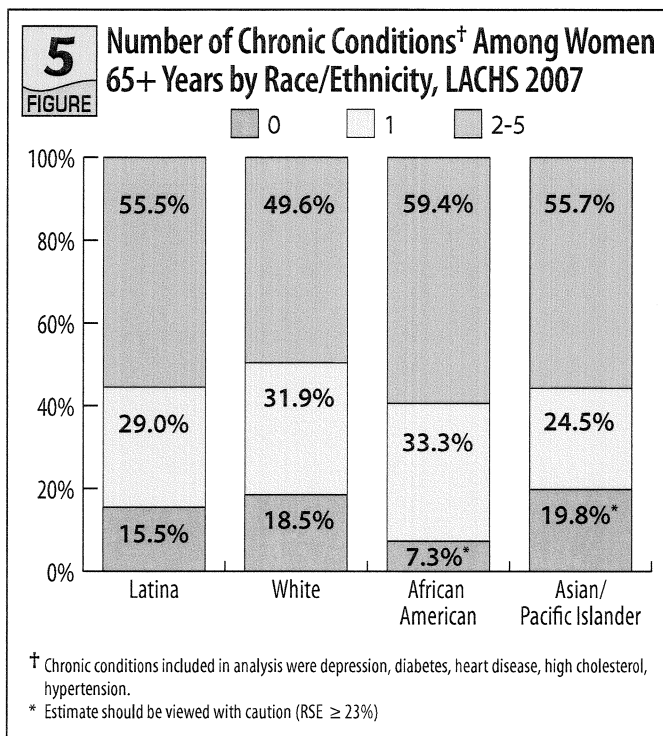
- The percent of adult women with chronic conditions increases with age. While 64% of women under 50 have not been diagnosed with any of these conditions, only 17% of women 65 years and older reported not being diagnosed with any of them (Figure 4).



- The number of co-occurring chronic conditions also increases with women's age: 11% of 18-49 year olds, 40% of 50-64 year olds, and 53% of women 65+ years reported being diagnosed with 2-5 of these chronic conditions.



- Among women 65+ years racial/ethnic disparities are evident: a higher percentage of African American women reported being diagnosed with one or more chronic conditions (93%) than Latinas (85%), white women (82%) and Asian/Pacific Islander women (80%) (Figure 5).

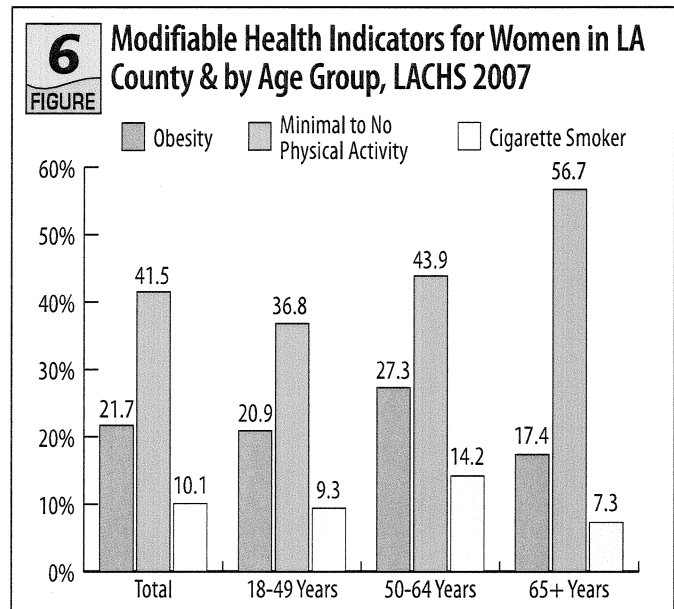


Aging Well: Modifiable Risk Factors

Poor diet and physical inactivity (the root causes of obesity), along with cigarette smoking, are common risk factors for many chronic conditions, and for the majority of the leading causes of death and premature death in LA County and in the United States. More than one third of US deaths in 2000 were attributed to at least one of these risk factors.^{1,3} By maintaining healthy behaviors throughout the lifespan, women can drastically decrease their risk for chronic conditions and live well into their old age.

In LA County...

- Women 50-64 years of age reported higher rates of obesity¹⁰ (27%) and cigarette smoking (14%) than women of other age groups (Figure 6).



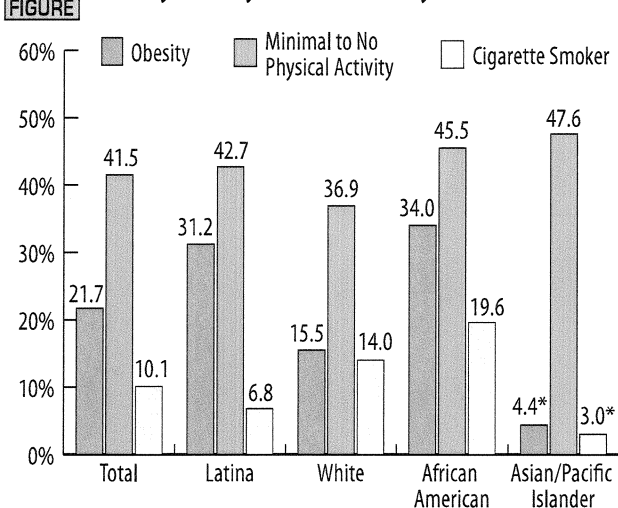
- Although women 65+ years of age reported lower rates of obesity (17%) and cigarette smoking (7%), they reported higher rates of minimal to no physical activity (57%) compared to women of other age groups.
- African American women and Latinas reported higher rates of obesity (34% and 31%, respectively) compared to whites (16%) and Asians/Pacific Islanders (4%*) (Figure 7).
- Smoking rates were higher among African American and white women (20% and 14%, respectively) compared to Latinas and Asian/Pacific Islander women (7% and 3%*, respectively).

* Estimate should be viewed with caution (RSE ≥ 23%)

10. Weight status is based on Body Mass Index (BMI) calculated from self-reported weight and height. According to NHLBI clinical guidelines, a BMI < 18.5 is underweight, a BMI ≥ 18.5 and < 25 is normal weight, a BMI ≥ 25 and < 30 is overweight, and a BMI ≥ 30 is obese. [REFERENCE: National Heart, Lung, and Blood Institute (NHLBI) www.nhlbi.nih.gov/guidelines/obesity/ob_xsum.pdf]

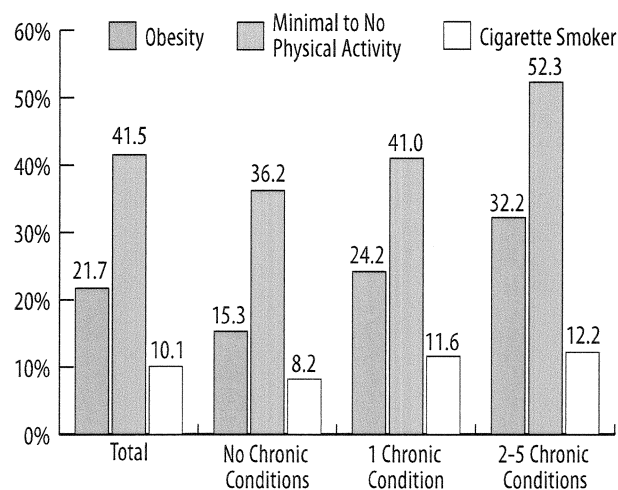


7 Modifiable Health Indicators for Women in LA County and by Race/Ethnicity, LACHS 2007



- Women with 2-5 chronic conditions reported higher rates of obesity, physical inactivity, and smoking (Figure 8).

8 Modifiable Health Indicators for Women in LA County and by Number of Chronic Conditions,[†] LACHS 2007

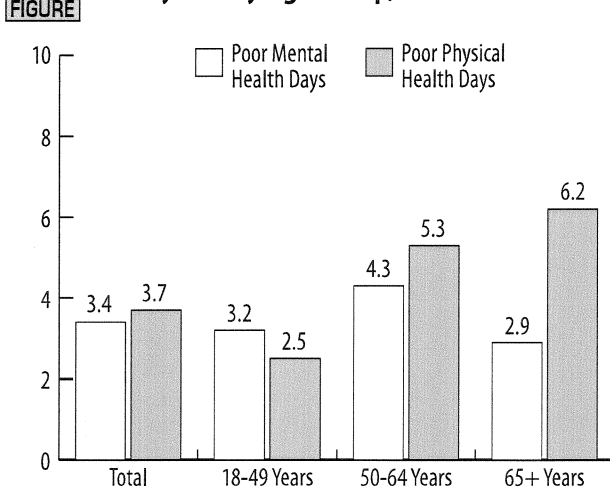


Health-Related Quality of Life

Poor health is NOT an inevitable consequence of aging, and having good quality of life should be the expectation, not the exception.^{1,3,4} The LACHS measured quality of life by asking respondents the number of days in the last month in which their mental health was not good (poor mental health days) and their physical health was not good (poor physical health days).

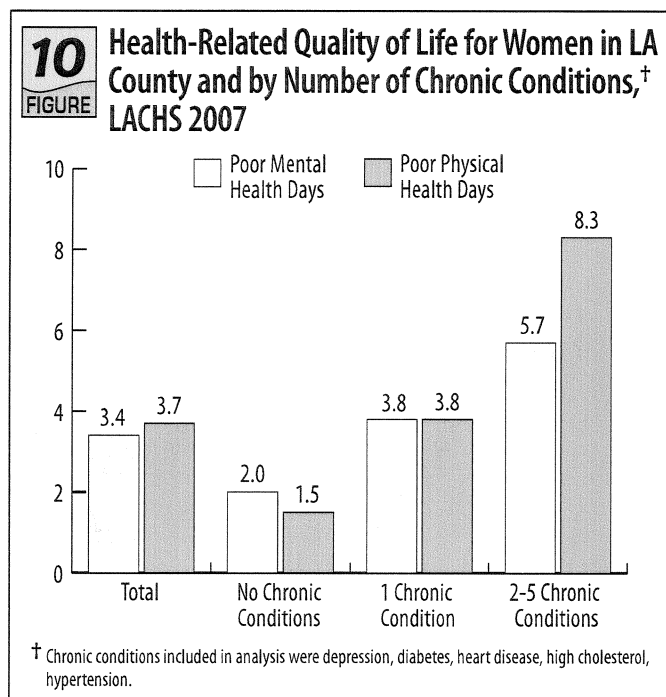
- Women age 50-64 reported more poor mental health days in the past month than did younger and older women.
- As women aged, they reported more poor physical health days (Figure 9).

9 Health-Related Quality of Life for Women in LA County and by Age Group, LACHS 2007

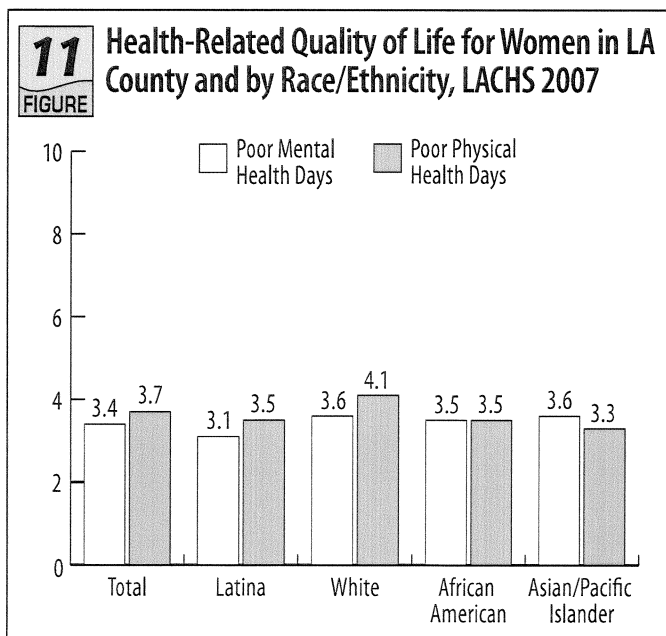




- Women with more chronic conditions reported more poor mental and poor physical health days (Figure 10).



- The number of poor physical and mental health days did not vary greatly by women's race/ethnicity (Figure 11).



on the web



The **Office of Women's Health**, in LA County's Department of Public Health, serves as the focal point for strategic planning and the promotion of comprehensive and effective approaches to improving women's health.

www.publichealth.lacounty.gov/owh

HealthyWomen (HW) is a leading independent health information source for women, with publications that are original, objective, reviewed by medical experts, and reflective of advances in evidence-based health research. www.healthywomen.org

The **National Women's Health Information Center (NWHIC)**, in the Office of Women's Health in the US Department of Health and Human Services, provides leadership to promote health equity for women and girls by developing innovative programs, educating health professionals, and motivating behavior change via dissemination of health information.

www.womenshealth.gov

The **Los Angeles County Department of Community and Senior Services** provides a variety of resources through many diverse programs including Family Caregiver support, Community Centers, Elder Care, and Legal Services. <http://css.lacounty.gov>

The **City of Los Angeles Department of Aging** advocates for the needs of older citizens and manages community-based senior programs that aim to improve the older population's quality of life, independence, health and dignity. <http://aging.lacity.org>

WISE and Healthy Aging provides a wide range of innovative support services, programs, information, and support for seniors, caregivers, and professionals in the aging field throughout Los Angeles County.

www.wiseandhealthyaging.org

The **Healthy Aging Program (HAP)** in the Centers for Disease Control and Prevention serves as the focal point for older adult health, and establishes programs, develops innovative tools, and provides a comprehensive approach to helping older adults live longer, high-quality, productive, and independent lives.

www.cdc.gov/aging



Recommendations

What Can Individuals Do?

- Remain physically active: walking at least 30 minutes a day, 10 minutes at a time, can improve cardiovascular health and overall fitness. Balancing and stretching exercises can help reduce falls and maintain flexibility.
- Eat a healthy diet rich in fruits and vegetables, whole grains, and low-fat proteins like lean meats, fish, and poultry.
- Obtain preventive screenings and immunizations as recommended by your health care professionals.
- If you smoke, seek help to quit by calling 1-800-NO-BUTTS for free assistance and support.
- Manage stress and have a strong support system; stay engaged with family and friends; participate in social and cultural events.⁹

What Can Communities and Cities Do?

- Prepare for the anticipated increase in the number of aging women by addressing community needs and gaps in aging services.^{1,11}
- Establish community and public health programs that focus on preventing chronic disease, injury, and disability.^{9,11}
- Improve the health and functional independence of all women by facilitating healthy behaviors:
 - ◆ Increase access to safe parks and recreation areas.
 - ◆ Promote the availability of healthy foods, especially in low-income neighborhoods.
 - ◆ Create smoke-free environments.

- Employ community strategies to increase the number of places where older adults can receive clinical preventive services, to increase the use of these potentially life-saving measures.¹¹
- Raise awareness among health professionals about the need for early detection of symptoms of dementia or Alzheimer's.
- Provide education on decision making related to end-of-life planning (e.g., promoting use of advance directives).¹¹

What Can Policymakers Do?

- Provide more home- and community-based services that will allow individuals to remain in their homes as they get older (aging in place).
- Help aging adults maintain their connection with the community through:
 - ◆ Funding of social support services and demonstration projects for older adults.
 - ◆ Provision of one-stop care and Adult Day Health Care Centers, especially in underserved communities.
 - ◆ Funding for initiatives that promote research on evidenced-based interventions that help older women manage chronic disease, maintain quality of life, and delay long-term care placement.
- Develop policies and strategies to address the needs of those with cognitive impairment, and their caregivers.¹¹
- Address the shortage of physicians, nurses, social workers, researchers, and other professionals in gerontology and geriatrics.
 - ◆ Recruit students to pursue careers in gerontology and senior health; and
 - ◆ Offer incentive programs such as loan repayment or tuition relief to retain and foster careers in these disciplines.

11. Centers for Disease Control and Prevention. *Healthy Aging: Improving and Extending Quality of Life Among Older Americans: At A Glance 2010*. Available at: <http://www.cdc.gov/chronicdisease/resources/publications/aag/aging.htm>



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The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The 2007 survey collected information on a random sample of 7,200 adults and 5,728 children. The survey was conducted for the Los Angeles County Department of Public Health by Field Research Corporation and was supported by grants from First 5 LA, the Tobacco Control and Prevention Program, the Emergency Preparedness and Response Program and various Department of Public Health programs.